

**Proposal for Off-Site Administration
Michigan Merit Examination (MME)
Spring 2009**

MI

*The Michigan Department of Education (MDE) expects nearly all high schools will be able to make arrangements to administer the MME in school. Schools with exceptional circumstances must provide written answers to the questions on this form and submit their proposals for off-site testing to ACT by **December 12, 2008**. Principals must receive written authorization from ACT before any off-site location may be used. (Please type or print.)*

NOTE: Questions regarding the Michigan state requirements for attendance on test days should be directed to Office of Educational Assessment and Accountability at 517/373-0739 or refer to information on the MDE Web site at www.michigan.gov/mme.

Please note: All proposals must be completed in full and submitted by the deadline.

1. High School Information:

School Name _____ ACT HS Code _____
 Street Address _____
 City, State, Zip _____
 Principal Name _____
 Principal Phone Number _____

2. Standard Testing

2a. **Initial Test Date** – will you be testing standard time students at an off-site location?

- ☐ No, all standard time testing for the initial test date will be at the school.
☐ Yes, ALL standard time testing for the initial test date will be at an off-site location (complete table below).
☐ Yes, SOME standard time testing for the initial test date will be at an off-site location and some will be at the school (complete table below).

Standard Time Initial Test Date	Number of Students Testing Off-site?	Number of Students Testing at School?	Name of Proposed Off-Site Facility/Location (if testing will be split between multiple off-site locations, indicate the number of students at each location that day)
3/10/2009			
3/11/2009			
3/12/2009			

2b. **Makeup Test Date** – will you be testing standard time students at an off-site location?

- ☐ No, all standard time testing for the makeup test date will be at the school.
☐ Yes, ALL standard time testing for the makeup test date will be at an off-site location (complete table below).
☐ Yes, SOME standard time testing for the makeup test date will be at an off-site location and some will be at the school (complete table below).

Standard Time Makeup Test Date	Name of Proposed Off-Site Facility/Location (if testing will be split between multiple off-site locations, indicate the number of students at each location that day)
3/24/2009	
3/25/2009	
3/26/2009	

2c. Please provide the reason why you will be testing your standard time students at an off-site location:

3. Accommodations Testing

3a. **Accommodations Testing Window** – will you be testing students with accommodations at an off-site location?

- ☐ No, all accommodations testing during the testing window will be at the school
- ☐ Yes, ALL accommodations testing during the testing window will be at an off-site location (complete table below)
- ☐ Yes, SOME accommodations testing during the testing window will be at an off-site location and some will be at the school (complete table below).

Accommodations Testing Window	Number of Students Testing Off-site?	Number of Students Testing at School?	Name of Proposed Off-Site Facility/Location (if testing will be split between multiple off-site locations, indicate the number of students at each location that day)
March 10-24, 2009			
March 11-25, 2009			
March 12-26, 2009			

3b. Please provide the reason why you will be testing your accommodations students at an off-site location:

4. Off-site Location Information – Complete all questions and attach a separate page to explain responses - please describe in detail. If off-site testing will take place at multiple facilities or multiple buildings at the same facility, photocopy this section and complete one for each different off-site location. Number them location #1, location #2, etc.

4a. Proposed Off-Site Location # _____:

4b. Institution/Facility or Building Name _____

Building Street Address _____

City, State, Zip _____

4c. Off-site location is what type of institution/facility (check one):

- ☐ Public high school ☐ Technical high school ☐ Community building
- ☐ Church ☐ 2-year community college ☐ 4-year college/university
- ☐ Other (provide description) _____

4d. Will students from your school be the **only** students testing at the off-site location? (If no, explain which other students will be testing at the location and provide detailed arrangements for ensuring that your students' test materials will be kept separate.)

- ☐ Yes ☐ No

4e. Will there be any other events or activities taking place at this location on test day?

- ☐ Yes ☐ No

4f. Isolation from Public Access. Describe the provisions for ensuring restriction of public access and uninterrupted quiet during the test sessions. If any test rooms have telephones in or near them, indicate plans to ensure they do not ring during testing.

4g. Transfer of Students to Off-Site Location. Describe the distance from your school to the off-site location and your plans for students to report directly to that location or be transported to that location.

4h. Storage and Transfer of Secure Materials.

1. Storage at School: Describe the secure, locked storage facilities at your school building where test materials will be stored prior to test day. Include information such as type (e.g., locked cabinet, vault), location (e.g., principal's office), name and title of *all* persons with access/keys, how student access is restricted, etc.
2. Transfer: Describe your plans for ensuring continuous "chain of custody" for all secure materials during transfer to the off-site location each morning before testing and back to the school immediately after testing each day. Students may *not* assist with transporting materials, materials may *not* be transported in the same vehicle as students, and testing staff may *not* store materials in personal vehicles or their homes.
3. Storage During Testing: Describe the provisions at the off-site location for secure storage of unused materials during testing (e.g., locked closet or restricted area to which no examinees have access). Materials may *not* be stored at the off-site location overnight.

4i. How many test rooms will be used at the off-site location? _____ Describe the testing facilities and provide a floor plan to depict your proposed table or desk configuration.

4j. What size tables or desks will be used and how many students per room?

Note: Classrooms of 15-30 examinees are preferred. If large rooms must be used, no more than 100 examinees in one room is preferred. If you plan to test more than 100 examinees in one room, please contact ACT Test Administration for guidance. (There must be one proctor for every 25 examinees in the room after the first 25.) Lapboards are *not* permitted; temporary surfaces resting on chair arms must be reviewed and approved by ACT prior to use. All examinees in a room must face the **same** direction and must be seated a *minimum* of 3 feet apart, side-to-side and front-to-back (5 feet apart if multiple-level seating). The following restrictions must be met -- only *ONE* examinee at a round table of any size; only *TWO* examinees along one side of an 8-foot table; if seating two examinees along one side of a 6-foot table, a 3-foot aisle space is required between tables.

4k. Describe where students will go for breaks; location and number of restrooms for the number of students (cannot be IN the test room itself).

4l. Testing Staff. Even though you may be testing at another facility, each school is still responsible for administering the test to their students. Provide the total number and titles of school staff who will assist at the off-site location. One room supervisor is required for every test room. In addition, one proctor is required for every 25 students (or portion thereof) in each room after the first 25. Even if fewer than 26 students are at the off-site location, a minimum of *TWO* staff must be present during testing.

4m. Test Day Communication. Describe provisions for testing staff to consult with ACT or *MDE* as necessary on test day to resolve irregularities or to communicate with the school's main office to handle disruptions or dismissed students.

Signature of School Principal _____
(signature) (date)

Please submit your proposal by **December 12, 2008**, to:

ACT State Testing – Michigan (55)
301 ACT Drive
P.O. Box 168
Iowa City, IA 52243-0168

Fax: 319/337-1019

For specific questions regarding completing this proposal, please contact ACT Test Administration at 800/553-6244, ext. 2800, or send an e-mail to: **mi.mme@act.org**.

(Please keep a copy of your completed proposal for your files.)